

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/561050 FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL DEP. | 11 | ← | 23 | ← | | ← |
| TOTAL CLAIMS | 12 | ██████████ | 24 | ██████████ | | ██████████ |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | ← | | ← | | ← | |
| TOTAL CLAIMS | ██████████ | ██████████ | ██████████ | ██████████ | ██████████ | ██████████ |

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